

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021807

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2874

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) 1004 N. Osage	
3. NAME OF DECEASED (Type or print) Henry W. Blom		4. DATE OF DEATH Month June Day 5 Year 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (City and state or country) Jackson Co., Missouri	
13a. FATHER'S NAME Fredrick W. Blom		14. NAME OF HUSBAND OR WIFE Mrs. Verlie M. Blom	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertension		3 yrs.	
DUE TO (c) arteriosclerosis		4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:50 Month, Day, Year June 5, 1958			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 6-5-58 to 6-5-58 and last saw her alive on 6-5-58 . Death occurred at 1:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. Riche	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 7, 1958	
23c. NAME OF CEMETERY OR CREMATORY Buckner cemetery		23d. LOCATION (City, town, or county) (State) Independence Mo.	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons		25. DATE RECD. BY LOCAL REG. 6-9-58	
26. REGISTRAR'S SIGNATURE Harry Minshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. H. Riche

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *C. Ray Lunderbach*

Licensed Embalmer No. *5027*

P. O. Address *Indep., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.